

**APPLICATION FOR EXEMPTION**  
**To Obtain Health Care Stabilization Fund Tail Coverage At No Additional Surcharge**

Health Care Providers who seek an exemption from the 5 year compliance requirement must obtain approval from the Board of Governors of the Health Care Stabilization Fund

**PLEASE TYPE OR PRINT**

1. Name of Health Care Provider: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone #: (office) \_\_\_\_\_ (home) \_\_\_\_\_

4. Type of health care provider: \_\_\_\_\_ License #: \_\_\_\_\_

5. Reason for "exemption" (please check one in either Section A or B)

A. ☐ Inactive provider exemptions and check one of the following:

☐ Death

☐ Retirement

☐ Disability

☐ Circumstance beyond control

B. ☐ Temporary absence from the state exemptions, K.S.A. 40-3403(b)(1)(D) and check one of the following:

☐ to obtain additional education or training

☐ to participate in a religious service program

☐ to participate in a humanitarian service program

☐ to participate in a government service program

☐ due to being called to active military service

6. Date of death, retirement, disability or date when you plan to leave the state: \_\_\_\_\_

7. Please provide a detailed narrative justifying your request.

---

---

---

---

---

---

---

8. Along with this Application for Exemption, one of the following documents verifying your reason for “exemption” must be submitted with a general (cover) letter:

Death	A general letter and if available a copy of death certificate or obituary would be appreciated. See items numbered 1, 2 and 3 on page 5.
Retirement	The retirement affidavit must be completed and notarized. See form on page 8.
Disability	The disability affidavit must be completed and notarized. See form on page 9.
Circumstances beyond the control of the health care provider.	A written explanation is required. The general (cover) letter and/or the Application for Exemption form should include this explanation.
Temporary absence	<p>A written explanation is required. The general (cover) letter and/or the Application for Exemption form should include this explanation. Please include a copy of any letter of acceptance or other documentation for a particular training, religious, humanitarian or government service program. The temporary absence affidavit must be completed and notarized (see form on page 10).</p> <p>Also, please note that the form on page 11 of this brochure is to be used when requesting an extension of an existing approved temporary period of absence.</p>
Called to active military duty	The Affidavit of Temporary Absence Due to Military Duty must be completed and notarized. See form on page 12. A copy of the military orders must be included with this request.

I have read this application and understand that any omissions or false answers may result in denial of this application. I authorize the release to the Kansas Health Care Stabilization Fund of any information relative to verify this information. I swear that the information on this application and any supplementary pages attached is complete and to the best of my knowledge is true.

\_\_\_\_\_  
Signature of health care provider (If this form is being submitted by a person on behalf of the health care provider, please sign and include your relationship to the provider.)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My appointment  
expires:

” \_\_\_\_\_

\*\*\*\*\*Please mail completed form to:  
Board of Governors  
Health Care Stabilization Fund  
300 S.W. 8th Street 2nd Floor  
Topeka, Kansas 66603-3912